PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

Lifective October 1, 2003												
CLAIMS AS			S FILED - PART I (Column 1)			(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			15				[RATE	FEE	7	RATE	FEE
FOR			NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			/5 minus 20=		* 0			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 mi	inus 3 =	* 2	2		X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM P			RESENT					+145=		OR	+290=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				L	TOTAL	385	OR	TOTAL	
	C	CLAIMS AS A (Column 1)	MENDED	MENDED - PART II (Column 2) (Col				SMALL	ENTITY	OR	OTHER SMALL E	
ENT A	, , , , , , , , , , , , , , , , , , , ,	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**	•	=		X\$ 9=		OR	X\$18=	
AME	Independent	* ENTATION OF MU	Minus	***	T CL AIM	=		X43=		OR	X86=	
	FIRST PRESE	:NTATION OF IM	JLI IPLE OCI	ENDEN	CLAnvi			+145=		OR	+290=	
							ن م .	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colun		(Column 3)						
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* ENTATION OF MU	Minus	***	CLAIM			X43=		OR	X86=	
	HIROT PRESE	NIATION OF WO	ILIPLE DE	ENDENT	CLAlivi			+145=		OR	+290=	,
			•			•	A	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
ME	Independent	<u> </u>	Minus	***		[=		X43=		OR	X86=	
	FIRST PRESE		-									
. * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145= '		OR	+290=	
** 1	If the "Highest Nur	mber Previously Pai imber Previously Pa	aid For" IN THIS	S SPACE is	less than	n 20, enter "20."	Αľ	TOTAL DDIT. FEE		OR A	TOTAL ADDIT. FEE	
		nber Previously Paid					r foun	id in the app	ropriate box	in colu	umn 1.	